

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047095

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

FILED JAN 14 1963

Primary Registration District No. 1002

Registrar's No.

6600

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

M. L. Friedman MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
3 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Menorah Medical Center

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Independence

d. STREET ADDRESS (If outside, give location)
10400 East 20th Street

3. NAME OF DECEASED (Type or print)

First Middle Last
Elizabeth B Murray

4. DATE OF DEATH
Month 12 Day 22 Year 62

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-4-1898

9. AGE (last birthday) 64

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC

11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

WILLIAM H. WILSON

13b. MOTHER'S MAIDEN NAME

SARAH FARLEY

14. NAME OF HUSBAND OR WIFE

Orville L. Murray, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Orville L. Murray, Sr. 10400 E. 20th St. Inde

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary edema
Myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 3, 1962 12-22-62 and last saw her alive on 12-22-62
Death occurred at 12-22-62 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. L. Friedman M.D.

22b. ADDRESS

701 E 63 KCMO

22c. DATE SIGNED

12-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE 12-26-62

23c. NAME OF CEMETERY OR CREMATORY MOUNT WASHINGTON CEM.

23d. LOCATION (City, town, or county) INDEPENDENCE, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

12-26-62

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. Emmett Patterson

Licensed Embalmer No.

4697

P. O. Address

Indep Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.